

CITY OF WOODWAY COMMERICAL SOLICITATION PERMIT APPLICATION

For-profit solicitation that is for private gain

\$30 PERMIT FEE (NONREFUNDABLE)

\$25.00 ADDITIONAL FEE PER INDIVIDUAL CRIMINAL HISTORY CHECK \$5.00 IDENTIFICATION CARD FEE (PER INDIVIDUAL)

TYPE OF PERMIT:	MASTER PERMIT	INDIVIDUAL	
	Master Permit, complete the nex Juveniles are required to be supe		
APPLICATION SUBMI	TTED ON BEHALF OF:	SELF	BUSINESS
COMPANY			
Name:			
Business or Resident Add	ress:		
Email:			
PARTNERSHIP			
Name:			
Partners:			
Principal Business Addres	ss:		
Email:			
CORPORATION			
Name:			
Is Corporation required to	be organized under the laws of	this state and registered with	th the State of Texas:
Registered Agent:			
Mailing Address:			
Email:			
Phone:		Fax:	
Name of individual in cha	rge of such corporation:		
Email:			
Phone:		Fax:	
If a foreign corporation, th	ne place of Incorporation:		
<u>ASSOCIATION</u>			
Name:			
Principal Business Location	on Address:		
Email:			
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INDIVIDUALS WHO WILL BE SOLICITING UNDER THE MASTER PERMIT A criminal history check fee \$25.00 is payable for each listed person. All persons soliciting under a Master Permit must have a City Identification Card.

Disqualifying Offense means:

- Criminal Homicide (Chapter 19 Texas Penal Code)
- Kidnapping (Chapter 20 Texas Penal Code)
- Sexual Offense (Chapter 21 Texas Penal Code)
- Assault Offense (Chapter 22 Texas Penal Code)
- Robbery (Chapter 29 Texas Penal Code)
- Burglary (Chapter 20 Texas Penal Code)
- Theft (Chapter 31 Texas Penal Code) committed against a person with whom the applicant came in contact while engaged in a home solicitation business
- Fraud (Chapter 32 Texas Penal Code) committed against a person with whom the applicant came in contact while engaged in a home solicitation business
- Weapons Violations (Chapter 46 Texas Penal Code) punishable as a felony
- Criminal Attempt to commit any of the offenses listed above

SOLICITOR #1 - Complete DPS Criminal History Verification Form

NAME:		
DATE OF BIRTH:	DRIVER'S LICENSE #	
ADDRESS		
PHONE NUMBER:		
EMAIL ADDRESS:		
Has this person been convicted of a Di If YES explain:	isqualifying Offense?YESNO	
Is this person required to register as a s If YES explain:	sex offender?YESNO	
	djudication on a Disqualifying Offense?YESNO re than five (5) years prior to the date of this Application?YES	NO
SOLICITOR #2 - Complete DPS Cr	riminal History Verification Form	
NAME:		
DATE OF BIRTH:	DRIVER'S LICENSE #	
ADDRESS		
PHONE NUMBER:		
EMAIL ADDRESS:		
Has this person been convicted of a Di If YES explain:	isqualifying Offense?YESNO	
Is this person required to register as a s If YES explain:		
	djudication on a Disqualifying Offense?YESNO re than five (5) years prior to the date of this Application?YES	NO

SOLICITOR #3 - Complete DPS Criminal History Verification Form NAME: DATE OF BIRTH: DRIVER'S LICENSE # PHONE NUMBER: EMAIL ADDRESS:_____ Has this person been convicted of a Disqualifying Offense? ___YES ___NO If YES explain: Is this person required to register as a sex offender? ___YES ___NO If YES explain: Has this person been given deferred adjudication on a Disqualifying Offense? ____YES ___NO Has the probation been completed more than five (5) years prior to the date of this Application? ___YES ___NO **SOLICITOR #4 - Complete DPS Criminal History Verification Form** NAME: DATE OF BIRTH: _____ DRIVER'S LICENSE #____ PHONE NUMBER:___ EMAIL ADDRESS: Has this person been convicted of a Disqualifying Offense? YES NO If YES explain: Is this person required to register as a sex offender? ___YES ___NO If YES explain: Has this person been given deferred adjudication on a Disqualifying Offense? YES NO Has the probation been completed more than five (5) years prior to the date of this Application? ___YES ___NO JUVENILES UNDER 16 YEARS OF AGE MUST BE ACTIVELY SUPERVISED BY AN ADULT PERSON AT LEAST 21 YEARS OF AGE. Supervising Adult Name: Phone:______ DL#:_____ Has this person been convicted of a Disqualifying Offense? ___YES ___NO If YES explain: Is this person required to register as a sex offender? ___YES NO If YES explain: Has this person been given deferred adjudication on a Disqualifying Offense? ___YES ___NO Has the probation been completed more than five (5) years prior to the date of this Application? ___YES ___NO

What is the time period which the solicitation is to be conducted?				
Beginning Date:	Eı	Ending Date:		
Days:	_Times:			
Describe the methods an	d means by which the solicitation is t	o be accomplished:		
What is the nature of the	e merchandise to be sold or offered fo	or sale or the nature of the services to be		
furnished?				
XX/II 1 4 - 1 1				
will applicants demand,	accept, or receive payment or depos	it of money in advance of final delivery?		
VEHICLE INFORMAT	ION – Registration & Insurance Cer	tificate Required		
	-	s within the City, document vehicle(s) below and		
	on and required liability insurance.	, , , , , , , , , , , , , , , , , , ,		
Make:	Model/type:	Color:		
	Year:			
Make:	Model/type:	Color:		
	Year:			
Make:	Model/type:	Color:		
	Year:			
Make:	Model/type:	Color:		
	Year:			
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Applicant understands and agrees to the following:

- No solicitation between thirty (30) minutes after sunset and 9:00 a.m. of the following day.
- No solicitation without visibly displaying a City-issued Identification Card.
- A Solicitor is not to remain on a private premises after the owner or occupant has requested that person to leave.
- A solicitor is not to return to a private premises to solicit when the person has already attempted to solicit at the location and has been told by the owner or occupant that they are not interested.
- No solicitation at a private premises where there is posted a sign or placard communicating that the owner or occupant does not want to be solicited, such "No Solicitors", "No Solicitation", "Keep Out" or which otherwise purports to indicate that solicitation is unwelcome, unless the person has been invited upon the premises by the owner or occupant of the premises.

What authority do you have to sign for this e	entity?
I am providing proof of my authority	y to sign on behalf of the entity.
I am providing a copy of a valid stat	e sales tax certificate, if applicable.
I,, swea	r I have carefully read the application and that all the
information contained is true and correct. By	submitting the application, the applicant and any solicitors
covered by its permit consent to the Woodwa	ay Public Safety Department conducting a criminal
background check.	
Applicant Signature	
Subscribed and sworn to before me on this _	day of
Notary Public	
OFFICE USE	
APPROVED	
DENIED	
SIGNATURE CHIEF OF POLICE	
PERMIT # RECEIPT #	AMOUNT PAID
ISSUED DATE TO	